

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-039791

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 268

1. PLACE OF DEATH
a. COUNTY **FILED NOV 5 1962**
Randolph

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Moberly**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Woodland Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Randolph**

c. CITY OR TOWN **Moberly** Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
209 E. Burkhart Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED First Middle Last
(Type or print) **Bert Franklin Botkins**

4. DATE OF DEATH Month Day Year
10/14/62

5. SEX
male

6. COLOR OR RACE
white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
8/13/85

9. AGE (last birthday)
77

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
ret. railroad employee

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Monroe Co., Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME
Basil Botkins

13b. MOTHER'S MAIDEN NAME
Louise Ann Woodson

14. NAME OF HUSBAND OR WIFE
Pauline Botkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Pauline Botkins Moberly

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Myocardial Infarction 48 hrs
Coronary Artery Disease

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **June 62** to **10/14/62** and last saw her alive on **10/14/62**
Death occurred at **0500 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
[Signature]

22b. ADDRESS **1215 W. Main St.** 22c. DATE SIGNED **10/15/62**

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
10/16/62

23c. NAME OF CEMETERY OR CREMATORY
Sunset Hill Cemetery

23d. LOCATION (City, town, or county) (State)
Madison, Mo.

24. FUNERAL DIRECTOR ADDRESS
Million & Breer Moberly, Mo.

25. DATE RECD. BY LOCAL REG.
10-16-62

26. REGISTRAR'S SIGNATURE
[Signature]

(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

NOV 8 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John A. Greer

Licensed Embalmer No. 3815

P. O. Address Moberly, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.